

# MEDICATION ADMINISTRATION RECORD

INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
ORIGINAL ORDER																																				
1/12/22	Cephalexin 1000 mg AM and PM	0530	_____												13	73	77	79	69	71	65	77	79	79	69											
DISCONTINUE		2000	_____												10	77	79	79	62	67	79	62	71	15	77	15										
1/24/22																																				
ORIGINAL ORDER																																				
1/12/22	Tylenol 1000 mg AM and PM	0530	_____												13	73	79																			
DISCONTINUE		2000	_____												10	77	79																			
1/15/22																																				
ORIGINAL ORDER																																				
DISCONTINUE																																				
ORIGINAL ORDER																																				
DISCONTINUE																																				
ORIGINAL ORDER																																				
DISCONTINUE																																				
ORIGINAL ORDER																																				
DISCONTINUE																																				
ORIGINAL ORDER																																				
DISCONTINUE																																				

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
6515	V. Pancher	679	Shankar						
678	Shankar	77	SRB						
667	Shankar	662	Shankar						
		669	Shankar						

DIAGNOSIS: 1-26-22

CHARTING FOR: 1/1/2022 THROUGH: 1/31/2022

FACILITY: PCS

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Injection Site Codes:**

**Result Codes:**  
**DI 's M#**

## Non Administered Medication Reason Codes:

1. REFUSED BY INMATE  
2. INMATE DID NOT SHOW  
3. INMATE NOT IN CELL  
4. SECURITY LOCKDOWN  
5. MEDICATION HELD (STATE REASON)  
6. MEDICATION OUT OF STOCK

Case 2:22-cv-04164-SRB Document 45-6 Filed 12/14/22 Page 2 of 18

# MEDICATION ADMINISTRATION RECORD

INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
6/3/17	Alexa Hiu								
6/5/16	Sharon								
6/6/19	Sharon								
6/13	Sharon								

FACILITY

PCS

CHARTING FOR

3/24/22

THROUGH

3/31/22

DIAGNOSIS

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Injection Site Codes:**

## Non Administered Medication Reason Codes:

1. REFUSED BY INMATE  
2. INMATE DID NOT SHOW  
3. INMATE NOT IN CELL  
4. SECURITY LOCKDOWN  
5. MEDICATION HELD (STATE REASON)  
6. MEDICATION OUT OF STOCK

Case 2:22-cv-04164-SRB Document 45-6 Filed 12/14/22 Page 4 of 18

# MEDICATION ADMINISTRATION RECORD

INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
3/24	Triamcinolone	Am	7	7																													
4/2	0.1% Cream	pm	7	6																													
	Am/pm x 10 days																																
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
657	alternation	674		679					
673	after								

NONE

FACILITY  
PLJ

CHARGING FOR  
3/20/22 THROUGH  
4/30/22

DIAGNOSIS

## MEDICATION NOTES

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Instructions:**

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

**Injection Site Codes:**

1. ABDOMEN LEFT
2. ABDOMEN RIGHT
3. ARM (DELTOID) LEFT
4. ARM (DELTOID) RIGHT
5. BUTTOCKS (GLUTEUS) LEFT
6. BUTTOCKS (GLUTEUS) RIGHT
7. THIGH (QUADRICEPS) LEFT
8. THIGH (QUADRICEPS) RIGHT
9. UPPER BACK LEFT
10. UPPER BACK RIGHT
11. UPPER CHEST LEFT
12. UPPER CHEST RIGHT

**Result Codes:**

- A. EFFECTIVE  
B. SLIGHTLY EFFECTIVE  
C. INEFFECTIVE  
D. NO EFFECT OBSERVED

## Non Administered Medication Reason Codes:

1. REFUSED BY INMATE  
2. INMATE DID NOT SHOW  
3. INMATE NOT IN CELL  
4. SECURITY LOCKDOWN  
5. MEDICATION HELD (STATE REASON)  
6. MEDICATION OUT OF STOCK

[illegible]



## MEDICATION NOTES

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Instructions:**

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

**Injection Site Codes:**

- |                        |                             |
|------------------------|-----------------------------|
| 1. ABDOMEN LEFT        | 5. BUTTOCKS (GLUTEUS) LEFT  |
| 2. ABDOMEN RIGHT       | 6. BUTTOCKS (GLUTEUS) RIGHT |
| 3. ARM (DELTOID) LEFT  | 7. THIGH (QUADRICEPS) LEFT  |
| 4. ARM (DELTOID) RIGHT | 8. THIGH (QUADRICEPS) RIGHT |

**Result Codes:**

- A. EFFECTIVE  
B. SLIGHTLY EFFECTIVE  
C. INEFFECTIVE  
D. NO EFFECT OBSERVED

**Non Administered Medication Reason Codes:**

1. REPOSED BY INMATE
2. INMATE DID NOT SHOW
3. INMATE NOT IN CELL
4. SECURITY LOCKDOWN
5. MEDICATION HELD (STATE REASON)
6. MEDICATION OUT OF STOCK

[illegible]

# MEDICATION ADMINISTRATION RECORD

INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
5/25	SAM SD Biktarvy	Am	6	SH	SH	Tab	5	SH	SH	SH	SH	Tab	2	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH
6/30	50 - 200 - 25mg 1 Tab by mouth																																
5/27	Bactrim DS 800mg - 160mg Oral Tablet 90 days	Am	6	SH	SH	Tab	5	SH	SH	SH	SH	Tab	2	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH
6/7	Keflex (Cephalexin)	Am																															
6/17	Am/pm x 10 days 500mb (1 pill)	pm																															

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
6517	Alena Hill			679	Stacy Boyd				
665	Williamson 30			6516	Alena Hill				
669	A. Fleet								
673	Heer								

FACILITY

PCJ

CHARTING FOR

6/11/22

THROUGH

6/30/22

DIAGNOSIS

## MEDICATION NOTES

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Instructions:**

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

## Injection Site Codes:

1. ABDOMEN LEFT
2. ABDOMEN RIGHT
3. ARM (DELTOID) LEFT
4. ARM (DELTOID) RIGHT
5. BUTTOCKS (GLUTEUS) LEFT
6. BUTTOCKS (GLUTEUS) RIGHT
7. THIGH (QUADRICEPS) LEFT
8. THIGH (QUADRICEPS) RIGHT
9. UPPER BACK LEFT
10. UPPER BACK RIGHT
11. UPPER CHEST LEFT
12. UPPER CHEST RIGHT

**Result Codes:**

- Pl. s Mtn. 1**
- A. EFFECTIVE  
B. SLIGHTLY EFFECTIVE  
C. INEFFECTIVE  
D. NO EFFECT OBSERVED

## Non Administered Medication Reason Codes:

- relim. Inj.**  
1. FILED IN BUREAU  
2. INMATE DID NOT SHOW  
3. INMATE NOT IN CELL  
4. SECURITY LOCKDOWN  
5. MEDICATION HELD (STATE REASON)  
6. MEDICATION OUT OF STOCK

[illegible]

## MEDICATION ADMINISTRATION RECORD

## INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

PETTIS(P6) CO. JAIL MO ACH

OLSEN, WARREN

REPORT DATE

EFFECTIVE DATES		MEDICATIONS		HOUR																															
ORIGINAL ORDER	DISCONTINUE	ORIGINAL ORDER	DISCONTINUE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
05/31/22		SMZ-TMP DS 800-160MG TAB TAKE 1 TABLET(S) BY MOUTH DAILY		0530	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR
08/28/22																																			
5/25		SAM 50 Biktory Nexame 50-200-25 1 Tab		AM	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR
08/30																																			

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
OSH	Alana Hill	628	SP Archer	SWB	Shum				
SW	Williamson 665								

## MEDICATION NOTES

**Instructions:**

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PHN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

**Injection Site Codes:**

1. ABDOMEN LEFT
2. ABDOMEN RIGHT
3. ARM (DELTOID) LEFT
4. ARM (DELTOID) RIGHT
5. BUTTOCKS (GLUTEUS) LEFT
6. BUTTOCKS (GLUTEUS) RIGHT
7. THIGH (QUADRICEPS) LEFT
8. THIGH (QUADRICEPS) RIGHT
9. UPPER BACK LEFT
10. UPPER BACK RIGHT
11. UPPER CHEST LEFT
12. UPPER CHEST RIGHT

**Result Codes:**

- A. EFFECTIVE  
B. SLIGHTLY EFFECTIVE  
C. INEFFECTIVE  
D. NO EFFECT OBSERVED

## Non Administered Medication Reason Codes:

1. REFUSED BY INMATE  
2. INMATE DID NOT SHOW  
3. INMATE NOT IN CELL  
4. SECURITY LOCKDOWN  
5. MEDICATION HELD (STATE REASON)  
6. MEDICATION OUT OF STOCK

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

[illegible]



## MEDICATION NOTES

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

[illegible]

# MEDICATION ADMINISTRATION RECORD

INDEPENDENT HEALTH SERVICES

Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
5/31	Sm 2-Tmp DS	Am	SP	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am
12/31	800 - 160 1 Tab by mouth																																
5/31	Samso Biktary	Am	SP	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am
12/31	50-200-25																																
	1 Tab by mouth																																
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
SP	Am	SP	Am						
SP	Am	SP	Am						
SP	Am	SP	Am						
SP	Am	SP	Am						

FACILITY

Pettis county Jail

CHARTING FROM

9/1/22

THROUGH

9/30/22

DIAGNOSIS

## MEDICATION NOTES

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Instructions:**

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

## Injection Site Codes:

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2. ABDOMEN RIGHT
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4. ARM (DELTOID) RIGHT
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6. BUTTOCKS (GLUTEUS) RIGHT
7. THIGH (QUADRICEPS) LEFT
8. THIGH (QUADRICEPS) RIGHT
9. UPPER BACK LEFT
10. UPPER BACK RIGHT
11. UPPER CHEST LEFT
12. UPPER CHEST RIGHT

**Result Codes:**

- Pl.'s Mtn. f**
- A. EFFECTIVE  
B. SLIGHTLY EFFECTIVE  
C. INEFFECTIVE  
D. NO EFFECT OBSERVED

## Non Administered Medication Reason Codes:

2. INMATE DID NOT SHOW  
3. INMATE NOT IN CELL  
4. SECURITY LOCKDOWN  
5. MEDICATION HELD (STATE REASON)  
6. MEDICATION OUT OF STOCK

[illegible]

# MEDICATION ADMINISTRATION RECORD

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Ex. 10 to Pl.'s Mtn. for Prelim. Inj.

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5/31	SM2-Tmp-DS	Am	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h
12/31	800-1601 Tab																																
5/31	By mouth	Am	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h
12/31	SAM SD BIKTary																																
5/31	50-200-25																																
12/31	1 Tab by mouth																																

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
AM	Alena Hill	MS	M. Gaster 722						
AW	Wanchope 736	JP	Parker 735						
SW	Williamson 732								
CS	Chen 732								

FACILITY

NONE

PCS

STARTING FOR

10/1/22

THROUGH

10/31/22

DIAGNOSIS

## MEDICATION NOTES

**Instructions:**

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

**Injection Site Codes:**

- |                        |                             |
|------------------------|-----------------------------|
| 1. ABDOMEN LEFT        | 5. BUTTOCKS (GLUTEUS) LEFT  |
| 2. ABDOMEN RIGHT       | 6. BUTTOCKS (GLUTEUS) RIGHT |
| 3. ARM (DELTOID) LEFT  | 7. THIGH (QUADRICEPS) LEFT  |
| 4. ARM (DELTOID) RIGHT | 8. THIGH (QUADRICEPS) RIGHT |

**Ex. 10 to Pl.'s Mtn. for Prelim. Inj.**

**Result Codes:**

- A. EFFECTIVE  
B. SLIGHTLY EFFECTIVE  
C. INEFFECTIVE  
D. NO EFFECT OBSERVED

## Non Administered Medication Reason Codes:

1. MEDICATION HOLD
2. INMATE DID NOT SHOW
3. INMATE NOT IN CELL
4. SECURITY LOCKDOWN
5. MEDICATION HELD (STATE REASON)
6. MEDICATION OUT OF STOCK

[illegible]